

**Air Quality Improvement Program
GRANT DISBURSEMENT REQUEST FORM
Fiscal Year 2009-2010**

Amount of Funds Requested for this Disbursement

1. Project Name: Lawn and Garden Equipment Replacement (LGER) Project

2. Business Name:

3. Grant number:

4. Contact Person:

	Original Grant	Total of Previous Disbursements	This Request	Remaining Balance
Project Funds	\$	\$	\$	\$
Admin. Funds	\$	\$	\$	\$
Total	\$	\$	\$	\$

Documentation attached for justification of disbursement of:

☐

Administrative Funds

☐

Project Funds

Attachments:

Certification

I certify that the information contained in this grant disbursement request and all attachments is correct and complete and is in accordance with the grant and Implementation Manual. In addition, I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

Signature of Authorized Official

Name:

Title: Air Pollution Control Officer

Date: